

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02574

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick		MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) Town		LENGTH OF STAY (In this place) 6 hrs.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.W. Patrick & Court Sts, Francis Scott Key Hotel		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Canada		COUNTY Frederick	
		CITY (If outside corporate limits, write RURAL and give nearest town) Ottawa		TOWN	
		STREET ADDRESS 19 Fern Avenue		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) Leitton	(Last) Ahara	4. DATE OF DEATH	(Month) 3 (Day) 10th (Year) 1951
5. SEX	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married	8. DATE OF BIRTH 8/13/1907	9. AGE last birthday 43 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR Dominion Govt.		11. BIRTHPLACE (State or foreign country) Canada	
13. FATHER'S NAME Edward Ahara		14. MOTHER'S MAIDEN NAME Evelyn Ainsworth		12. CITIZEN OF WHAT Country Canada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS 19 Fern Ave, Ottawa, Canada	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

*Coronary occlusion*INTERVAL BETWEEN
ONSET AND DEATH
immediate

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		PLACE (Home, farm, factory, street, office bldg., etc.) R.W. Francis Scott Key		(CITY OR TOWN) Fredrick, Frederick, Md	
TIME (Month) (Day) (Year) (Hour) August 3, 1951, 11:30 a.m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>		HOW DID INJURY OCCUR? fall	

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED

P.W. Baer Deputy Med. Ex. Frederick, Md. 3/19/51

23. BURIAL, CREMATION REMOVAL (Specify) removal		DATE THEREOF 3/19/51		NAME OF CEMETERY OR CREMATORIAL Kansas City, Mo.	
DATE REC'D BY LOCAL REG.		REG.		LOCATION (City, town, or county) Kansas City, Mo.	

DATE REC'D BY LOCAL REG.		REG.		REGISTER'S SIGNATURE	
19 March, 1951				<i>Elizabeth G. Heek</i>	
24. FUNERAL DIRECTOR				ADDRESS	
				M. R. Etchison & Son, Frederick, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02575

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY 26 yrs. (In this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
3. NAME OF DECEASED (Type or Print)	(First) NELLYE	(Middle)	(Last) ALBIN
4. DATE OF DEATH	(Month) 3	(Day) 7	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH
Female	White		5 May 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY USA
At Home			
13. FATHER'S NAME Joshua Arnold	14. MOTHER'S MAIDEN NAME Annie Heflebower	120 W. Church St., Frederick, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS James R. Albin,	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

452.1 Immediate cause (a) *Arteriosclerotic cardiovascular disease with myocardial decompensation* 2 months

93d Antecedent cause(s) (b) *Severe gastroenteritis, emaciation* 3 days

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)

INTERVAL BETWEEN
ONSET AND DEATHII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	INJURY OCCURRED OF INJURY	How DID INJURY OCCUR?	
			While at Work m. Not While At work <input type="checkbox"/>		

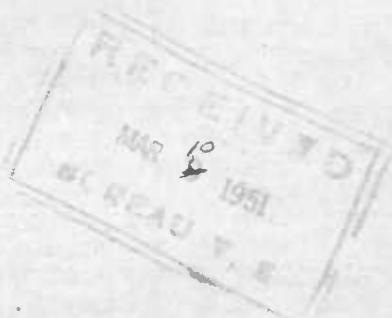
22. I hereby certify that I attended the deceased from *Jan 21, 1951*, to *March 7, 1951*, that I last saw the deceased alive on *March 7, 1951*, and that death occurred at *11:50 P.m.*, from the causes and on the date stated above.

SIGNATURE

M. D. Heflebower M. D. Frederick, Maryland

9 March '51

23. BURIAL, CREMATION REMOVAL (Specify) Entombed	DATE THEREOF 10 March 1951	NAME OF CEMETERY OR CREMATORIAL Frederick Memorial Cloister	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG. 9 March 1951	REGISTRAR'S SIGNATURE <i>Elizabeth S. Heck</i>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

02576

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick, Md.		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place) 26 days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital			
3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) I.	(Last) Baker
4. DATE OF DEATH	(Month) 3	(Day) 26	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED? (Specify) Widow	8. DATE OF BIRTH
Female	White		9/25/69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland			
12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME John W. Carroll			
14. MOTHER'S MAIDEN NAME Mary Ellen Carmichael			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. Viola Slusher, Frederick, Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
422.2 Immediate cause (a) Chronic myocarditis 6 months			
93d Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from October 1950, to March 26, 1951, that I last saw the deceased alive on March 26, 1951, and that death occurred at 5:00 P.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
March 26, 1951			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.	REG.	REGISTRAR'S SIGNATURE	ADDRESS
26 March 1951	Elizabethe Tech.	John A. Moran	Baltimore, Md.
24. FUNERAL DIRECTOR			



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02577

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 263 Dill Avenue		STREET ADDRESS 263 Dill Avenue (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) IRVING	(Middle) STANTON	(Last) BISER
4. DATE OF DEATH	(Month) 3	(Day) 30	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLES, MARRIED, WIDOWED, DIVORCED; (Specify) Widowed	8. DATE OF BIRTH 10 Jan 1869
9. AGE last birthday 82 yrs.	10. BIRTHPLACE (State or foreign country) Maryland	11. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Postmaster	12. FATHER'S NAME Daniel Biser	
13. MOTHER'S MAIDEN NAME Rose Anna Stottlemyer	14. MOTHER'S MAIDEN NAME Rose Anna Stottlemyer	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Palmer Snook, Frederick, Md.	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 3 hours 6 yrs.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause 420.0		(a) Coronary Thrombosis	
Antecedent cause(s) 93d		(b) Arterio-sclerotic heart disease	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan....., 1951, to 3/30, 1951, that I last saw the deceased alive on 30 March, 1951, and that death occurred at 9 A.m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED Charles H. Oxley M. D. Frederick, Maryland 31 March 1951			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2 April 1951	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG.	REG.	REGISTRAR'S SIGNATURE Elisabeth S. Heek	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02578

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Middletown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown	
LENGTH OF STAY (in this place) 3 years		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Type or Print) Clay Lester Bittle		4. DATE OF DEATH 3 17 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10/27/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer, ret.		10b. KIND OF BUSINESS OR INDUSTRY Farm owner	
11. BIRTHPLACE (State or foreign country) Myersville, Md.		12. CITIZEN OF WHAT COUNTRY U.S.	
13. FATHER'S NAME William Bittle		14. MOTHER'S MAIDEN NAME Emma Grossnickle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Mrs. Stella Bittle, Middletown, Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause 260X		(a) <i>Chronic Nephritis</i>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61		(b) <i>Hypertension</i>	
		(c) <i>Diabetes</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1951 , to Mar 17, 1951 , that I last saw the deceased alive on Mar 15, 1951 , and that death occurred at 8:45 A.m. , from the causes and on the date stated above.			
SIGNATURE <i>J E Harp MD</i>		(Degree or title) ADDRESS <i>Middletown</i>	
DATE SIGNED 3-18-51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 3/20/1951	
DATE REC'D BY LOCAL REG. March 19, 1951		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Grossnickle Cemetery (State) Frederick Co., Md.	
REGISTRATION'S SIGNATURE <i>Edgar Bittle</i>		24. FUNERAL DIRECTOR ADDRESS Gladhill Co., Middletown, Md.	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02579

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR STREET Frederick ADDRESS 404 Elm St.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		3. NAME OF DECEASED (First) William (Middle) Augustus (Last) Buckey	
4. DATE OF DEATH March 16, 1951		5. SEX male	
6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER	
8. DATE OF BIRTH 4/2/77		9. AGE last birthday 73 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Salesman wholesale grocery	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Herman A. Buckey		14. MOTHER'S MAIDEN NAME Margaret E. Nusbaum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-3554	
17. INFORMANT AND ADDRESS Mrs. Clarence Cramer, Frederick, Md. R.D. 1		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i> <i>5 yrs +</i>	
Immediate cause 260X		(a) <i>Coronary Thrombosis</i>	
Antecedent cause(s) 61		(b) <i>Diabetes</i>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1946, 19, to March 16, 1951, that I last saw the deceased alive on March 6, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above. SIGNATURE <i>B. Thomas</i> ADDRESS <i>Frederick, Md. March 16-51</i> DATE SIGNED			
23. BURIAL, CREMATION REMOVED (Specify) burial		DATE THEREOF 3/19/51	
DATE REC'D BY LOCAL REG. 19 March 1951		NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery	
REG. 19 March 1951		LOCATION (City, town, or county) (State) Frederick, Md.	
REG. 19 March 1951		REGISTRAR'S SIGNATURE <i>Elizabeth G. Heck</i>	
		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md.	
		ADDRESS <i>490 609</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02580

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	
<i>Frederick</i>		MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)	
<i>Town Frederick</i>		<i>3/3/51 - 3/6/51</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<i>Frederick Memorial Hospital</i>	
3. NAME OF DECEASED (Type or Print)		(First) <i>Hattie</i> (Middle) <i>Belle</i> (Last) <i>Buckingham</i>	
4. SEX		5. COLOR OR RACE	
<i>Female</i>		<i>White</i>	
6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		7. LENGTH OF STAY (in this place)	
<i>Widowed</i>		<i>3-3-1882</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<i>Housekeeper - Retired</i>		<i>Own Home</i>	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
<i>Calvin Lewis Flautt</i>		<i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<i>No</i>		<i>None</i>	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
<i>Mrs. Frank Murnagh & Frederick - Md.</i>		<i>Coronary Thrombosis</i>	
		<i>4 days</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause		(a) <i>Coronary Thrombosis</i>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) <i>Hypertension & Coronary Arteriosclerosis</i>	
		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 1950</i> , to <i>March 6, 1951</i> , that I last saw the deceased alive on <i>March 5, 1951</i> , and that death occurred at <i>5:45 a.m.</i> , from the causes and on the date stated above. SIGNATURE <i>Arthur F. Woodward M.D. Frederick, Md.</i> ADDRESS <i>316/51</i> DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
<i>Burial</i>		<i>3-8-1951</i>	
NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county) (State)	
<i>River View Cemetery</i>		<i>Williamsport - Md.</i>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
<i>8 March 1951</i>		<i>Elizabeth G. Heek</i>	
24. FUNERAL DIRECTOR		ADDRESS	
<i>C. E. Cline & Son - Frederick - Md.</i>			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02581

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town) To Frederick		MARYLAND LENGTH OF STAY (in this place) today	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville, Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.		SPECIFIC ADDRESS (If rural, give location)		
3. NAME OF DECEASED (First) (Type or Print) Joseph		(Middle) Gorman	(Last) Butler	4. DATE OF DEATH 3 18 1951
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 4-1896	9. AGE last birthday 54 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moore Co School Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Chas M. Butler		14. MOTHER'S MAIDEN NAME Francis Spates		12. CITIZEN OF WHAT COUNTRY U.S.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 1356		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS John S. Butler, Poolesville, Md	
18. MEDICAL CERTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
<p>Immediate cause (a) Acute Nephritis</p> <p>590X Antecedent cause(s) (b) _____</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____</p>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Inflammation of Bladder</i>				
19a. DATE OF OPERATION March 10	19b. MAJOR FINDINGS OF OPERATION Inflammation of Bladder		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Mar. 9, 1951, to Mar. 18, 1951, that I last saw the deceased alive on Mar. 18, 1951, and that death occurred at 11 P.m., from the causes and on the date stated above. SIGNATURE <i>EP Thomas</i> ADDRESS DATE SIGNED				
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/21/51	NAME OF CEMETERY OR CREMATORIAL Monocacy	LOCATION (City, town, or county) Poolesville	(State) Md
DATE RECD BY LOCAL REG. 19 March, 1951	REGISTRAR'S SIGNATURE Elizabeth H. Heath	24. FUNERAL DIRECTOR William B. Hilton		
ADDRESS 625 516				



MARYLAND STATE DEPARTMENT OF HEALTH

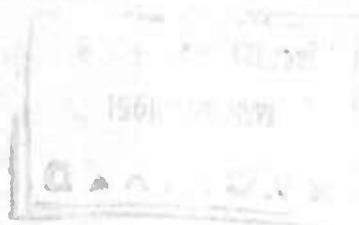
2411 N. Charles Street, Baltimore

112582

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
COUNTY <i>Frederick</i>		STATE <i>MARYLAND</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <i>RD. MT. AIRY</i>	
3. NAME OF DECEASED (Type or Print)		(First) <i>Mary</i> (Middle) <i>Viola</i> (Last) <i>CAIN</i>	
4. DATE OF DEATH <i>March 19</i>		(Month) <i>March</i> (Day) <i>19</i> (Year) <i>1951</i>	
5. SEX <i>Female</i>		6. COLOR, OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>3-24-1881</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>	
11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13. FATHER'S NAME <i>Henry Steggs</i>		14. MOTHER'S MAIDEN NAME <i>Virginia Bussard</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Joseph E. Cain, Mt. Airy. Md.</i>		18. MEDICAL CERTIFICATION <i>Cerebral hemorrhage</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>1/2 hr.</i>	
Immediate cause <i>331X</i>		(a) <i>Hyperthyroidism</i>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>636</i>		(b) <i>arteria sclerosis</i>	
		(c) <i>15 yrs</i>	
		<i>10 yrs</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on <i>March 19, 1951</i> , and that death occurred at <i>10 P.M.</i> , from the causes and on the date stated above.		DATE SIGNED <i>Ernest P. Roop, M.D., New Market, Md. 3-21-51</i>	
SIGNATURE <i>Ernest P. Roop, M.D., New Market, Md.</i>		ADDRESS <i>3-21-51</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Cemetery</i>		DATE THEREOF <i>3-22-1951</i>	
DATE RECD BY LOCAL REG. <i>3-21-51</i>		NAME OF CEMETERY OR CREMATORIAL <i>MARVIN Chapel</i>	
REG. <i>3-21-51</i>		LOCATION (City, town, or county) <i>Frederick Co. Md</i>	
REG. <i>3-21-51</i>		REGISTRAR'S SIGNATURE <i>Elaine L. Buckles</i>	
REG. <i>3-21-51</i>		24. FUNERAL DIRECTOR <i>S. M. Waltz</i>	
REG. <i>3-21-51</i>		ADDRESS <i>Winfield, Md.</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

02583

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick		LENGTH OF STAY (in this place) 3 Days		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick		STREET ADDRESS 20 West Fourth Street	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital						(If rural, give location)	
3. NAME OF DECEASED (Type or Print) Dorsey	(First)	(Middle) Spangler	(Last) Culler	4. DATE OF DEATH March 25	(Month) March	(Day) 25	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH May 16, 1879	9. AGE last birthday 71	If under 1 year Months 71 yrs.	If under 24 hrs. Days 0 days	If under 24 hrs. Hours 0 hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Office building	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Harman Culler		14. MOTHER'S MAIDEN NAME Lucinda Kefauver					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 214-10-1694	17. INFORMANT AND ADDRESS 20 West Fourth Street		Mrs. Dorsey S. Culler, Frederick, Maryland		
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331x Immediate cause Cerebral Haemorrhage		(a)		INTERVAL BETWEEN ONSET AND DEATH 1 week			
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Arteriosclerosis		(b)					
		(c) Hy pertension.					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE None		PLACE (Home, farm, factory, street, of office bldg., etc.) None		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY None		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from March 17, 1951 , to March 25, 1951 , that I last saw the deceased alive on March 25, 1951 , and that death occurred at 7:15 P.m. , from the causes and on the date stated above.							
SIGNATURE A. A. O'Leary, M.D.		(Degree or title) Frederick Md.		ADDRESS 3/27/51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF March 28, 1951		NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
DATE REC'D BY LOCAL REG. March 27, 1951		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR H.P. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

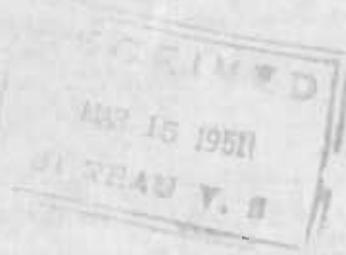
2411 N. Charles Street, Baltimore

02584

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>Md.</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Town</u> <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		STREET ADDRESS <u>242 West 5th St.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>George</u>	(Middle) <u>W.</u>	(Last) <u>Culler</u>
4. DATE OF DEATH 3 / 11 1951	(Month)	(Day)	(Year)
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3/25/1876</u>
9. AGE last birthday <u>74</u>	10. KIND OF BUSINESS OR INDUSTRY <u>school house</u>	11. BIRTHPLACE (State or foreign country) <u>Middletown, Md.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13. FATHER'S NAME <u>William Culler</u>	14. MOTHER'S MAIDEN NAME <u>Jennie Wiles</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO.			
17. INFORMANT AND ADDRESS <u>Mrs. Lillie Culler, Frederick, Md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
442x Immediate cause <u>B1a</u>	(a) <u>Uremia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 week</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>C1a</u>	(b) <u>CardioVascular Renal Disease</u>	3 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophy of Prostate</u>			
19a. DATE OF OPERATION <u>19b. MAJOR FINDINGS OF OPERATION</u>			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE <u>Burial</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) <u>Middleton</u>	(COUNTY) <u>Middleton</u> (STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>48</u> , to <u>March 11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 11</u> , 19 <u>51</u> , and that death occurred at <u>7.00 P.M.</u> , from the causes and on the date stated above. SIGNATURE <u>H. Lawrence Faherty MD</u> ADDRESS <u>Frederick Md</u> DATE SIGNED <u>3-13-51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3/14/1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Lutheran Cemetery</u>	LOCATION (City, town, or county) <u>Middleton</u> (State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>14 March 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR ADDRESS <u>Gladhill Co., Middletown, Md.</u>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

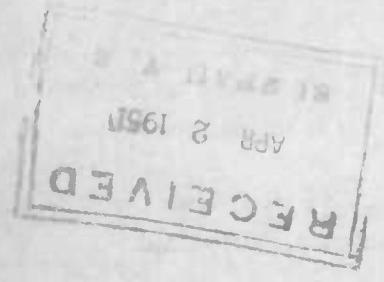
2411 N. Charles Street, Baltimore

02585

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Town Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Town Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS <u>30 E. 5th Street.</u>	
3. NAME OF DECEASED (First) <u>Charles</u> (Middle) <u>Alexander</u> (Last) <u>DeGrange</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>30</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>16 Feb 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Laborer</u>	
13. FATHER'S NAME <u>William F. DeGrange</u>		14. MOTHER'S MAIDEN NAME <u>Ellen Wiles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Harlen W. DeGrange, Frederick, Md.</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <u>Vaccinia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 month</u>	
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <u>131a</u>		(a) <u>Cardio - vascular - renal disease</u>	
		(b)	
		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
m.		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3 - 25</u> , 19 <u>51</u> , to <u>3 - 30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3 - 30</u> , 19 <u>51</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.			
SIGNATURE		(Degree or title) ADDRESS DATE SIGNED	
<u>Robert S. Turner Jr. M.D.</u>		<u>17 East Second St. Frederick, Md. 30-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THROWN <u>3 April 1951</u> NAME OF CEMETERY OR CREMATORIAL <u>Lutheran Cemetery</u> LOCATION (City, town, or county) <u>Middletown</u> , Maryland (State)	
DATE REC'D BY LOCAL REG. <u>31 March 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heek</u> 24. FUNERAL DIRECTOR ADDRESS	
		M. R. Etchison and Son, Frederick, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02586

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Frederick MARYLAND		Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
435 W. Patrick Street		435 W. Patrick Street	
3. NAME OF DECEASED (Type or Print)	(First) ADA	(Middle) GRACE	(Last) DERR
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH
Female	White	Single	9-22-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dietician	Womens College	Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Hiram A. Derr	Florence McClain		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
No	None	Mrs. Emma Boyer- Frederick- Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause (a) Coronary Thrombosis</p> <p>Antecedent cause(s) (b) Chronic Hypertensive Cardio Vascular Disease</p> <p>Diseases or conditions, if any, giving rise to the above cause (c) Several years stating the underlying cause last</p>			
INTERVAL BETWEEN ONSET AND DEATH 203 hour			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 19, 1951, that I last saw the deceased alive on March 19, 1951, and that death occurred at 7 A.m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED Howard W. Carl M. O. Frederick, Md 3/19/51			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
Burial	3-20-1951	Mt. Olivet Cemetery	Frederick- Maryland
DATE REC'D BY LOCAL REG.	REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9 March, 1951		Elizabeth S. Heile	C.E.Cline and Son- Frederick- Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

02587

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
 is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY <u>Frederick</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u>		COUNTY <u>Frederick</u>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Rural Brunswick</u>		LENGTH OF STAY (in this place) <u>3 years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Brunswick</u>		STREET (If rural, give location) ADDRESS <u>Farm north of town</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<u>Farm north of town</u>						
3. NAME OF DECEASED (Type or Print)	(First) <u>Lottie</u>	(Middle) <u>May</u>	(Last) <u>Doll</u>	4. DATE OF DEATH	(Month) <u>3</u>	(Day) <u>22</u>	(Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-19-1885</u>	9. AGE last birthday <u>65</u>	If under Months <u>yrs.</u>	1 year Days <u>Hours</u>	24 hrs. Min. <u>1 hr.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME <u>Pink Eury</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Marshall</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT AND ADDRESS <u>James E. Eury Braxvill R.F.D. 1 Md</u>						
18. MEDICAL CERTIFICATION								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
422.2	Immediate cause <u>Acute congestive heart failure</u>	(a) Antecedent cause(s) <u>Chronic myocarditis & pulmonary disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>					
92d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (c)	10 yrs.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Oct. 49</u> , 19 <u>49</u> , to <u>3-22-1951</u> , that I last saw the deceased alive on <u>3-22-1951</u> , and that death occurred at <u>2:15 A.M.</u> from the causes and on the date stated above.								
SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MM</u>	ADDRESS <u>Brunswick, Md.</u>	DATE SIGNED <u>3-23-51</u>					
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>3-24-51</u>	NAMES OF CEMETERY OR CREMATORIES <u>Park Heights</u>	LOCATION (City, town, or county) <u>Brunswick Md.</u>					
DATE REC'D BY LOCAL REG. <u>March 23-51</u>	REGISTRAR'S SIGNATURE <u>Kathy H. Brown</u>	24. FUNERAL DIRECTOR <u>C. H. Feltz</u>	ADDRESS <u>Bro Brunswick Md.</u>					



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02588

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick-Rural RD#5		LENGTH OF STAY (in this place) 4 Days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
3. NAME OF DECEASED (First) JAMES (Middle) ENOS (Type or Print)		4. DATE OF DEATH DOB 3 30 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 11 Oct 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Potato Chip Manufacturer	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jonas A. Doub		14. MOTHER'S MAIDEN NAME Frances Waters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS James E. Doub,		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 months	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <i>Cerebral Thrombosis</i>			
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) _____ 832 (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 24, 1951</i> , to <i>March 30, 1951</i> , that I last saw the deceased alive on <i>March 30, 1951</i> , and that death occurred at <i>10:22 a.m.</i> , from the causes and on the date stated above.			
SIGNATURE <i>Bernard J. Lewis Jr</i>		(Degree or title) ADDRESS <i>MD Frederick, Md</i> DATE SIGNED <i>March 30, 1951</i>	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 1 April 1951	
NAME OF CEMETERY OR CREMATORIAL Lutheran Cemetery		LOCATION (City, town, or county) (State) Middletown, Maryland	
DATE REC'D BY LOCAL REG. <i>31 March 1951</i>		REGISTRAR'S SIGNATURE <i>Elizabeth G. Heck</i>	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS <i>290 419</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc

02589

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY --		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN From 4/27/49 LENGTH OF STAY (in this place)			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore STREET ADDRESS (If rural, give location) Charles Street		
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium to 3/5/51					
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle)	(Last) Doyle	4. DATE OF DEATH	(Month) March (Day) 5, (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH Feb. 22, 1884	9. AGE last birthday 67 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rhode Island	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Doyle			14. MOTHER'S MAIDEN NAME Grace Murphy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. No Lost	17. INFORMANT Patient		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
 Immediate cause (a) Neurosyphilis

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

Antecedent cause(s)

026x
30c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).....

(c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary TuberculosisAbout
5 yrs.

20. AUTOPSY?

Yes No

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY				
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 27, 1949, to Mar. 5, 1951, that I last saw the deceased alive on March 5, 1951, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

State Sanatorium, Md.

3/6/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORIAL University of Md. Anatomical Board	LOCATION (City, town, or county) Board	(State)
DATE REC'D BY LOCAL REG.	REG. 3/6/51	REGISTRAR'S SIGNATURE J. D. Ryan	24. FUNERAL DIRECTOR M. L. Geoghegan	ADDRESS Thurmont, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02590

Reg. Dist. No. 131

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE			
Frederick MARYLAND		Md. Frederick			
CITY (If outside corporate limits, write RURAL and OR give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
TOWN	4 yrs.	Rural, Md. Walkersville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		(First) FLORENCE	(Middle) ELIZABETH		
4. DATE OF DEATH		(Month) March	(Day) 3		
5. SEX f		6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed		
8. DATE OF BIRTH		9. AGE last birthday yrs. 75	10. If under 1 year Months		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		
Housewife			Md.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
George Washington Beddinger		Jeanette Bitter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT		
no		-	Mr. Walter L. Eaves, Walkersville, Md.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause 442x Acute myocardial failure Antecedent cause(s) 131a Hypertensive cardiovascular renal disease 15 years Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (h) (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED White at Work m. Not White At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1 Aug., 1959, to 3 March, 1951, that I last saw the deceased alive on 3 March, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		ADDRESS DATE SIGNED	
James E. Stoner Jr. M.D. MD				Walkersville, Maryland 5 March 5,	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)	
Burial		May 6, 1951	Glade Cemetery	Walkersville Md.	
DATE REC'D BY LOCAL REG. REG.		REGISTRATION'S SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS
6 March 1951		Elizabeth L. Tech	G. C. Barton, Walkersville, Md.		

RECEIVED

MAR 5 1951

ALL READ ✓ *

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02591

Items 7 & 9:

FMN No. G 1, 2 APR 30 1951 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	
<i>Frederick</i>		MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)	
TOWN		9 days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Emergency Hospital	
3. NAME OF DECEASED (First) (Type or Print)		(Middle)	
Arthur		E.	
(Last)		4. DATE OF DEATH	
E. Tyler		March 8 1951	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
m	W	Widowed	Nov. 18 1863
9. AGE last birthday	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
87 yrs.	glazier	Maryland	U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Daniel E. Tyler	? Hoge		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
no	none	Roy Bond, Johnsville, Md.	
18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) *Carcinoma of Stomach*46 b Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

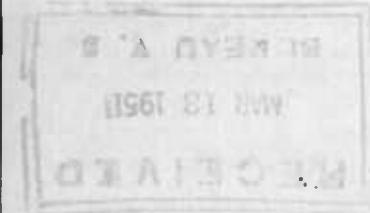
INTERVAL BETWEEN
ONSET AND DEATH

6 months

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		HOW DID INJURY OCCUR?			
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED OF INJURY	While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>

22. I hereby certify that I attended the deceased from *Feb. 27*, 1951, to *March 8*, 1951, that I last saw the deceasedalive on *March 8*, 1951, and that death occurred at *7:30* m., from the causes and on the date stated above.
SIGNATURE *Bernard O. Hanas Jr* ADDRESS *Frederick, Md* DATE SIGNED *March 8, 1951*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL ADDRESS	LOCATION (City, town, or county)	(State)
<i>Burial</i>	<i>3/10/51</i>	<i>Union Chapel Cemetery, Libertytown, Md</i>		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<i>10 March 1951</i>	<i>Elizabeth S. Heis</i>	<i>Powell & Hartler</i>	<i>579246</i>	
<i>Libertytown & Woodsboro, Md</i>				





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02593

CERTIFICATE OF DEATH

131
Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland		COUNTY Frederick				
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick		STREET ADDRESS 7 Taney Apartments (If rural, give location)				
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital										
3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) ROBERT	(Last) GRUMBINE	4. DATE OF DEATH	(Month) 3	(Day) 15	(Year) 1951			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs. Days Hours	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
Male	White		14 March 1951	yr.						
13. FATHER'S NAME	William Eugene Grumbine		14. MOTHER'S MAIDEN NAME	Ruth Virginia Dudrow						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS	7 Taney Apts., Mrs. W. E. Grumbine, Frederick, Md.						
No	None		Mrs. W. E. Grumbine,							

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) *atelectasis - left lung*

36 hours

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last(b) *Prematurity*

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
		INJURY			

TIME (Month) OF INJURY	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/14*, 1951, to *3/15*, 1951, that I last saw the deceasedalive on *3/15*, 1951, and that death occurred at *7 P.m.*, from the causes and on the date stated above.
SIGNATURE *Arthur F. Woodward* (Degree or title) *M. D.* ADDRESSDATE SIGNED *16 March 1951*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
Burial	16 March 1951	Mount Hope Cemetery	Woodsboro, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<i>16 March 1951</i>	<i>Elizabeth G. Heels</i>	M. R. Etchison and Son, Frederick, Md.	

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MARYLAND STATE DEPARTMENT OF HEALTH

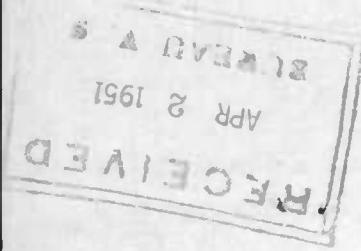
2411 N. Charles Street, Baltimore

02594

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>		COUNTY <u>Frederick</u>									
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		LENGTH OF STAY (In this place) <u>Lifetime</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u>		(If rural, give location) <u>305 Fleming Avenue</u>									
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS		4. DATE OF DEATH <u>March 30</u>		(Month) (Day) (Year) <u>1951</u>									
3. NAME OF DECEASED (Type or Print) <u>ROSE</u>		(First) <u>AGNES</u> (Middle)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>November 29, 1884</u>		9. AGE last birthday <u>66 yrs.</u>		If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13. FATHER'S NAME <u>Charles C. Zeigler</u>		14. MOTHER'S MAIDEN NAME <u>Caroline C. Shearer</u>													
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT AND ADDRESS <u>Mr. C. Earl Hahn, Clarksburg, Maryland</u>											
18. MEDICAL CERTIFICATION															
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH															
Immediate cause <u>Cerebral hemorrhage</u> Antecedent cause(s) <u>Hypertension</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>3 days</u> <u>years</u>															
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.															
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?											
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN)		(COUNTY) (STATE)									
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? ADDRESS											
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>50</u> , to <u>30 March</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>30 March</u> , 19 <u>51</u> , and that death occurred at <u>7:00 P.m.</u> , from the causes and on the date stated above. SIGNATURE <u>James B. Thomas</u> (Degree or title) <u>MD.</u> ADDRESS <u>Frederick, Maryland</u> DATE SIGNED <u>3/31/51</u>															
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>April 2, 1951</u>		NAME OF CEMETERY OR CREMATORIAL <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) <u>Frederick, Maryland</u> (State)									
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>		24. FUNERAL DIRECTOR <u>C. E. Cline & Son, Frederick, Maryland</u>		ADDRESS									
<u>31 March 1951</u>															



MARYLAND STATE DEPARTMENT OF HEALTH

02595

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH- COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		LENGTH OF STAY (In this place) 21 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick		(If rural, give location) STREET ADDRESS 518 Wilson Avenue	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 518 Wilson Avenue							
3. NAME OF DECEASED (Type or Print)	(First) HENRY	(Middle) HAMPTON	(Last) HAINES	4. DATE OF DEATH	(Month) March	(Day) 9	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9, 1887	9. AGE last birthday 64 yrs.	If under Months. 1 year	1 year Days 11 hours	If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Josuah H. Haines		14. MOTHER'S MAIDEN NAME Bertha Bagely					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 220-01-3768		17. INFORMANT AND ADDRESS Mrs. Henry H. Haines, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(a) *Carcinoma stomach & liver*

Antecedent cause(s)

16 - Diseases or conditions, if any, (b).....

stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?**

21. ACCIDENT (Specify) **PLACE** (Home, farm, factory, street, . . .) **(CITY OR TOWN)** **(COUNTY)** **(STATE)**

HOMICIDE **INJURY**

TIME (MONTH) (Day) (Year) (Hour)
OF
WEEK

HOW DID INJURY OCCUR?

ANSWER

22. I hereby certify that I attended the deceased from ~~January~~....., 1932., to ~~January~~....., 1932., that I last saw the deceased

alive on March 9, 1951, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE *[Signature]* **(Degree or title)** **ADDRESS** *[Address]* **DATE SIGNED** *[Date]*

Albomaria sp. *Tenderlost*, Md March 12-57

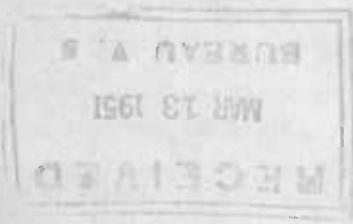
23. BURIAL, CREMATION - DATE _____ NAME OF CEMETERY OR CREMATORIAL
REMOVED (Specify) _____ LOCATION (City, town, or county) _____ (State) _____

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **24. FUNERAL DIRECTOR** **ADDRESS**

REG. C. E. Cline & Son, Frederick, Maryland

CONFIDENTIAL

001500



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02596

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	
<i>Drederick</i>		MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)	
TOWN		2 days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Hospital - Mt. airy	
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)	
Charleen Lucille Hamilton			
4. SEX		5. COLOR OR RACE	
M		6. COLOR OR RACE	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Infant		Infant <i>Mch. 18 51</i>	
9. AGE last birthday yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
4 yrs		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
Maryland		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles B. Hamilton		Doris Lucille Van Gable	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		none	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
Doris L. Hamilton		<i>Premature delivery 26 wks</i>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Premature delivery 26 wks*

776X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

159

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Mch. 18, 1951*, to *Mch. 20 1951*, that I last saw the deceasedalive on *Mch. 20, 1951*, and that death occurred at *9:10 A.M.* m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED*C. M. van Gable M.D. Mt. airy Md 3/20/51*

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town or county) (State)
Burial	<i>3-20-51</i>	<i>True Groat Cem. Mt. airy Md</i>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
20 March 1951	<i>Elizabeth S. Heck</i>	<i>C. M. Watzl Wapedia Md</i>	

203181171311



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02597

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY

Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)LENGTH OF STAY
in this place

TOWN

years

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Frederick Memorial Hospital

3. NAME OF
DECEASED
(Type or Print)

(First)

(Middle)

Alfred

E.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE

Maryland Frederick

COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town)
OR

TOWN

STREET

ADDRESS

ADDRESS

Woodsboro

(If rural, give location)

Rural

4. DATE
OF
DEATH

March 14 1951

(Month) (Day) (Year)

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLED, MARRIED,
WIDOWED, DIVORCED,
(Specify)

Widowed

8. DATE OF BIRTH

Oct 14 1917

(Last) (Month) (Day) (Year)

53 yrs.

AGE last birthday

If under 1 year
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

rickshaw route owner

10b. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Julius Haroth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give rank or date of
service)

not known

16. SOCIAL SECURITY NO.

none

11. BIRTHPLACE (State or foreign country)

Berlin Germany

12. CITIZEN OF WHAT
COUNTRY?

A. S.

B. Germany

C. United States

D. Other

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute myocardial failure

INTERVAL BETWEEN
ONSET AND DEATH

shown

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b) Coronary occlusion

24 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Mar 1, 1951, that I last saw the deceased

alive on Mar 1, 1951, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial

March 1, 1951

London Park Cem.

Baltimore

Md

Date rec'd by local
reg.

REG.

REG.

24. FUNERAL DIRECTOR

ADDRESS

17 March 1951

REG.

REG.

REG.

ADDRESS

Eligabeth & Heck

REG.

REG.

REG.

ADDRESS

Woodboro & Libertytown, Md

REG.

REG.

REG.

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02598

131

Reg. Dist. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)	(First) LEE	(Middle) CUSTIS	(Last) HARWOOD		
4. DATE OF DEATH	(Month) 3	(Day) 26	(Year) 19 51		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 14 April 1880		
9. AGE last birthday 70 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. KIND OF BUSINESS OR INDUSTRY Farm Owner	12. BIRTHPLACE (State or foreign country) Maryland COUNTRY USA		
13. FATHER'S NAME William T. Harwood	14. MOTHER'S MAIDEN NAME Mary Butler				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Nellie M. Harwood, Burkittsville, Md.			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) Anterior Coronary Thrombosis 94a Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last 94a (c)			INTERVAL BETWEEN ONSET AND DEATH 16 hours		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3/26, 19 51, to....., 19....., that I last saw the deceased alive on 3/26, 19 51, and that death occurred at 10:30 P.m., from the causes and on the date stated above. SIGNATURE M.D. ADDRESS DATE SIGNED Charles H. Corley, M.D. Frederick, Maryland 27 March 1951					
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 29 March 1951	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland		
DATE REC'D BY LOCAL REG. 28 March 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02599

Reg. Dist. No. 131

1. PLACE OF DEATH CITY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural		LENGTH OF STAY (in this place) Lime Kiln Md.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Lime Kiln Md.		(If rural, give location) STREET ADDRESS Rural Lime Kiln Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural Lime Kiln Md.							
3. NAME OF DECEASED (Type or Print) Katie		(First) (Middle)		(Last) Howard		4. DATE OF DEATH Mar. 2, 1951	
5. SEX Female		6. COLOR OR RACE Colored		7. SPOUSE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed		8. DATE OF BIRTH Feb 10, 1889	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY *****		9. AGE last birthday 62 Yrs. _{ma}		If under 1 year Months Days Hours Min.	
13. FATHER'S NAME Joseph Bell		14. MOTHER'S MAIDEN NAME Marria Bell		11. BIRTHPLACE (State or foreign country) Lime Kiln		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Joseph F. Makel 405 Lexington ave N.Y.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Barceroma of uterus.*INTERVAL BETWEEN
ONSET AND DEATH

795.

Antecedent cause(s)

486
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

(c)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

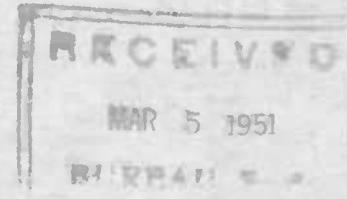
20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?				

22. I hereby certify that I attended the deceased from 1-15, 1944, to 3-2, 1951, that I last saw the deceased
alive on 3-2, 1951, and that death occurred at 11 P.m., from the causes and on the date stated above.
SIGNATURE *Ms. G. Y. Baune Jr.* (Degree or title) ADDRESS DATE SIGNED *3-3-51*

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE Mar 5, 1951	NAME OF CEMETERY OR CREMATORIAL St. Josephs	LOCATION (City, town, or county) Buckeytown, Md.	(State)
DATE REC'D BY LOCAL REG. 5 March 1951		REGISTRAR'S SIGNATURE <i>Elizabeth L. Hecks</i>	24. FUNERAL DIRECTOR Charles E. Hicks III Frederick, Md.		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02600

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Rural Middletown		TOWN Rural Middletown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) Emma Frances Huffer		4. DATE OF DEATH 3 20 1951	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH 1/13/1857
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
13. FATHER'S NAME George Jones		11. BIRTHPLACE (State or foreign country) Middletown, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Calvin Huffer, Middletown, Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 151X Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46b (a) <i>Probably Carcinoma Stomach</i> (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not White At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr 1948 , to Mar 20, 1951 , that I last saw the deceased alive on Mar 20, 1951 , and that death occurred at 10 45 P m., from the causes and on the date stated above. SIGNATURE <i>E. Harp MD</i> (Degree or title) ADDRESS <i>Middletown</i> DATE SIGNED 3-21-51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/23/1951	NAME OF CEMETERY OR CREMATORIAL Lutheran Cemetery	LOCATION (City, town, or county) (State) Middletown, Md.
DATE REC'D BY LOCAL REG. 3-23-51	REGISTRAR'S SIGNATURE <i>Maine Gladhill</i>	24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md.	ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

02601

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

131

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Frederick			MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland			COUNTY Georges		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Near Point of Rocks			LENGTH OF STAY 12 (in this place)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White House Heights			(If rural, give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS								
3. NAME OF DECEASED (Type or Print)	(First) EDWARD	WARD	(Middle) CLAYTON	(Last) JONES		4. DATE OF DEATH	(Month) 3	(Day) 3	(Year) 1951		
5. SEX Male	6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed			8. DATE OF BIRTH 3 Jan 1889	9. AGE last birthday 62 yrs.	If under 1 year Months	If under 24 hrs Days	If under 1 hr Hours	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop-worker			10b. KIND OF BUSINESS OR INDUSTRY Brick Yard			11. BIRTHPLACE (State or foreign country) Ala.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James W. Jones						14. MOTHER'S MAIDEN NAME Mamie Reidel					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 577-05-0074			17. INFORMANT AND ADDRESS Mrs. Joseph Tucker			White House Heights, Maryland		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

902.8 Immediate cause

(a) ...

Drowning

183 Antecedent cause(s)

(b) ...

Fall from culvert into
Stream.

5 min

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(c) ...

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

20. AUTOPSY?

Yes No

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING PLACE (Home, farm, factory, street,
OF office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)
CAUSE OF DEATH. INJURY 380 R.R. Culvert Near Pt. of Rocks FrederickTIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?
OF INJURY March 3 1951 10 P.m. While at Not while Fell from culvert into stream.22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE DR. R. W. BAER

(Degree or title) ADDRESS

DATE SIGNED

DEPUTY MEDICAL EXAMINER

Newton Frederick, Md

3.4.57

23. BURIAL, CREMATION
REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)
Removal 4 March 1951 Hyattsville, Maryland (State)DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
4 March 1951 Eligabeth G. Heck Gasch's Sons, Hyattsville, Maryland

690318



MARYLAND STATE DEPARTMENT OF HEALTH

02605

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
 is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTRY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	
MARYLAND TOWN (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type of Title)		4. DATE OF DEATH (Month) (Day) (Year)	
Richard Alfred		Decem. 14 1951	
5. SEX Male		6. SINGLE, MARRIED, WIDOWED, DIVORCED SINGLE	
7. COLOR OR RACE White		8. DATE OF BIRTH Jan. 20, 1874	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTH PLACE (State or foreign country) Md. Co. 16 yrs.	
10b. INDUSTRY Manufacturing, Advertising, Promotional, Commerc		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Alfred Burns		14. MOTHER'S MAIDEN NAME Margaret Bowers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 123-45-6789	
17. INFORMANT Mrs. John Fogle		18. MEDICAL CERTIFICATION Normal Vitality	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 151x Immediate cause 46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last		Interval Between Onset and Death Portable Communication Device	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, etc.) INJURY	
TIME (Month) (Day) (Year)		INJURY OCCURRED While at Not While m. Work <input type="checkbox"/> At work <input type="checkbox"/>	
OF INJURY		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		1951, to 1951, that I last saw the deceased	
alive on		, 1951, and that death occurred at	
SIGNATURE		(Degree or title) ADDRESS DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) Mar. 17, 1951 Rocky Hill	
DATE REC'D BY LOCAL REG.		24. FUNERAL DIRECTOR L. L. Russell	
REG. 3/16/51		ADDRESS J. C. Barton, Walkersville Md. 100105	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02602

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE	
Frederick MARYLAND		New York	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kirksville R.D. #1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
Frederick Memorial Hospital		Kirksville R.D. #1	
3. NAME OF DECEASED (Type or Print)	(First) M. Earl	(Middle)	(Last) Keller
4. DATE OF DEATH	(Month) March	(Day) 24	(Year) 1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH
Male	White	Feb. 27, 1888	9. AGE last birthday yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Brakeman	N.Y. Cent. R. R.	New York (Syracuse)	USA
13. FATHER'S NAME			
George Keller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME	
		Dollie Phillips	
17. INFORMANT AND ADDRESS			
Mrs. Earl Keller, Kirksville, R.D. #1, N.Y.			

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

2 days

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) Atherosclerosis.

(c)

Atherosclerotic Heart Disease

1 yr.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY?

Yes No

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
		INJURY			

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
OF INJURY m. While at Not While
Work At work HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1957, to March 24, 1957, that I last saw the deceased alive on March 24, 1957, and that death occurred at 8 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
Removal	Mar. 24, 1957		East Syracuse	New York
DATE REC'D BY LOCAL REG.	REG.	REGISTRAR'S SIGNATURE	ADDRESS	

March 24, 1957
Elizabeth S. Herk.

24. FUNERAL DIRECTOR
M.R. Etchison & Son, Frederick MD.

624506



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02603

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick				
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWNSHIP Frederick-Rural RD#5				
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital			STREET ADDRESS Rocky Springs				
3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) ELLEN	(Last) KEMP	4. DATE OF DEATH	(Month) 3	(Day) 8	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLED, MARRIED, WIDOWED, DIVORCED; (Specify) Widowed	8. DATE OF BIRTH 29 Dec 1862	9. AGE last birthday 88 yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work			10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Albert Main			14. MOTHER'S MAIDEN NAME Catherine Biser				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Mehrl E. Martz, Frederick, Md.			R. F. D. #5,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

444x	Immediate cause (a) Urineis	Days
132	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute cardiac failure	Week
	(c) Hypertension	years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3/2, 1951, to 3/8, 1951, that I last saw the deceased

alive on 3/7, 1951, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

3. VS. A15	James B. Thomas, M.D.	fredrick, Maryland	3/8/51
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10 March 1951	NAME OF CEMETERY OR CREMATORIAL Rocky Springs Cemetery	LOCATION (City, town, or county) Near Frederick, Maryland
DATE REC'D BY LOCAL REG. 9 March, 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heels-	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02604

Reg. Dist. No.

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick Rural		LENGTH OF STAY (in this place) 2 weeks	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Mt. Airy, Maryland STREET (If rural, give location) ADDRESS	
3. NAME OF DECEASED (First) Michael (Middle)		(Last) Kimmel	
4. DATE OF DEATH March 22 (Year) 1951		5. SEX M W	
6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (State or foreign country) ?		12. CITIZEN OF WHAT COUNTRY U.S.	
13. FATHER'S NAME Anthony King Kimmel		14. MOTHER'S MAIDEN NAME Mary Morgan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Ray Warfield		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <i>Aterio-sclerotic Cardi-vascular</i> Antecedent cause(s) (b) <i>Disease</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>5 yrs</i> 93d			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1, 1950, to March 23, 1951, that I last saw the deceased alive on March 23, 1951, and that death occurred at 2:00 a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED <i>Bernard O. Juras Jr.</i> <i>Frederick, Md. March 23, 1951</i>			
23. BURIAL, CREMATION BURNING (Specify) BURIAL		DATE THEREOF MAR-26-67 NAME OF CEMETERY OR CREMATORIUM CENTRAL CEMETERY LOCATION (City, town, or county) (State) NEW LONDON FREDK MD	
DATE REC'D BY LOCAL REG. REC. 24. FUNERAL DIRECTOR ADDRESS REG. REC. Elizabeth S. Hedges E. Falconer New Market Md		REG. REC. 24. FUNERAL DIRECTOR ADDRESS REG. REC. Elizabeth S. Hedges E. Falconer New Market Md	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02606

Reg. Dist. No.

141

CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Brunswick</i>		LENGTH OF STAY (in this place) <i>42 years</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>613 Brunswick St</i>		STREET ADDRESS <i>613 Brunswick St</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>James</i>	(Middle) <i>Edward</i>	(Last) <i>Leopold</i>
4. DATE OF DEATH	(Month) <i>March</i>	(Day) <i>12</i>	(Year) <i>1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 17-1871</i>
9. AGE last birthday If under Months. <i>79</i>	10. KIND OF BUSINESS OR INDUSTRY <i>P. P. Company</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>Maryland</i>
13. FATHER'S NAME <i>John Henry Leopold</i>	14. MOTHER'S MAIDEN NAME <i>Mary Francis Barry</i>	15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY NO. <i>705-10-2897</i>	17. INFORMANT AND ADDRESS <i>Mrs. George L. Leopold Brunswick Md.</i>	18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <i>congestive heart failure</i> Antecedent cause(s) (b) <i>old age & pneumonia</i> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <i>3 days</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE INJURY	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>March 11, 1951</i> , to <i>March 12, 1951</i> , that I last saw the deceased alive on <i>March 12, 1951</i> , and that death occurred at <i>12:30 p.m.</i> from the causes and on the date stated above. SIGNATURE <i>William Adams M.D.</i> ADDRESS <i>Brunswick Md.</i> DATE SIGNED <i>March 13, 1951</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>3-15-51</i>	NAME OF CEMETERY OR CREMATORIUM <i>Reformed</i>	LOCATION (City, town, or county) (State) <i>Brunswick Maryland</i>
DATE REC'D BY LOCAL REG. <i>March 14-51</i>	REGISTRAR'S SIGNATURE <i>Katherine V. Brown</i>	24. FUNERAL DIRECTOR ADDRESS <i>H. L. & Son Brunswick Md.</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY		MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		
Frederick		Length of Stay (in this place)	Maryland		Frederick		Frederick		Frederick		
CITY (If outside corporate limits, write RURAL and give nearest town)		Lifetimes	STREET		(If rural, give location)		ADDRESS		ADDRESS		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Home for the Aged, Record St.	115 Record Street								
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)				
	NETTIE	VIRGINIA	LIDIE	March	4th	19					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED? (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under Months	1 year Days	If under 24 hrs Hours				
Female	White	Single	Oct. 16, 1870	80 yrs.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
Retired Salesman			Fish Market	Maryland	USA						
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME								
Samuel Lidie			Mary Roberts								
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS							
No			None	Records at the Home, Frederick, Maryland							
18. MEDICAL CERTIFICATION											
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH											
Immediate cause		(a) Cerebral Hemorrhage									INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)		(b) Generalized Arteriosclerosis									12 hrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last											20 yrs +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION									20. AUTOPSY?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)			(COUNTY)		(STATE)			
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?						
OF INJURY	m.			While at Work <input type="checkbox"/> At work <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>Mar.</u> , 19 <u>50</u> , to <u>4 Mar.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4 March</u> , 19 <u>51</u> , and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.											
SIGNATURE	(Degree or title)			ADDRESS	DATE SIGNED						
Charles K. Cline, M.D. Frederick, Md.											3/6/5.
23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORIAL			LOCATION (City, town, or county)			(State)			
Burial	March 7, 1951	Mount Olivet Cemetery			Frederick, Maryland						
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE			24. FUNERAL DIRECTOR			ADDRESS				
6 March 1951	Elizabeth S. Huber			C. E. Cline & Son, Frederick, Maryland							



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02608

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Allegany		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN From 3-17-51 HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cumberland STREET ADDRESS 9 Grand Avenue		
3. NAME OF DECEASED (Type or Print) Madelyn		(First) Madelyn (Middle)	(Last) Light	4. DATE OF DEATH March 27, 1951	(Month) March (Day) 27 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH June 30, 1912	9. AGE last birthday 38	If under 1 year Months. 0 yrs. Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Ellsworth Light		14. MOTHER'S MAIDEN NAME Mary Whetzel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Patient		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATHImmediate cause (a) **Pulmonary Tuberculosis****3 mos.**

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last (b)II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) r.	(Hour) While at Work	INJURY OCCURRED Not While At work	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 14, 1951.** to **Mar. 27, 1951.** that I last saw the deceasedalive on **Mar. 27, 1951.** and that death occurred at **9:00 p.m.** from the causes and on the date stated above.
SIGNATURE **J. Dayton, Jr.** (Degree or title) **ADDRESS** **DATE SIGNED****State Sanatorium, Md.** **3/28/51**

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 3-31-51	NAME OF CEMETERY OR CREMATORIAL Camp Hill Cem.	LOCATION (City, town, or county) Lawn Lawn, W. Va.	(State) W. Va.
DATE REC'D BY LOCAL REG.	REG. 3/28/51	REG. J. D. - 400	REG. M. L. Ceaser & Son	REG. Rhinehart
REG. 3/28/51		24. FUNERAL DIRECTOR		ADDRESS 690499 W. Va.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02609

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) March 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 15 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Merchant		10b. KIND OF BUSINESS OR INDUSTRY own farm	
11. FATHER'S NAME W. Long		12. CITIZEN OF WHAT COUNTRY U.S.A	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		14. MOTHER'S MAIDEN NAME Sarah Leathernan	
15. SOCIAL SECURITY NO.		16. INFORMANT AND ADDRESS no mrs mable long Ladiesburg Md	
17. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause (a) Acute myocardial failure</p> <p>Antecedent cause(s) (b) arteriosclerosis, generalized</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Coronary Thrombosis</p>			
INTERVAL BETWEEN ONSET AND DEATH 6 months 15 years 5 months			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1 June, 1949, to 27 Mar, 1951, that I last saw the deceased alive on 27 Mar, 1951, and that death occurred at 730 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Samuel J. M.W. Walkersville Md 27 Mar 51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF March 30-1951	
NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Mt. Olivet Cemetery Frederick Md			
DATE REC'D BY LOCAL REG. 3/29/51		REGISTRAR'S SIGNATURE L.C. Powell	
24. FUNERAL DIRECTOR ADDRESS M. L. Evans Jr., Thurmont			

RECEIVED

APR 24 1951

BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02610

Reg. Dist. No. 139

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Allegany		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN From 1/2/51 LENGTH OF STAY (In this place)			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cumberland STREET ADDRESS (If rural, give location) 426 Baltimore Avenue		
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium					
3. NAME OF DECEASED (Type or Print)	(First) Lester	(Middle)	(Last) Mauk	4. DATE OF DEATH	(Month) March (Day) 12, (Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days Hours Min.
Male	White		Feb. 13, 1901	50 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Mauk			14. MOTHER'S MAIDEN NAME Cordelia Maphis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Wife - Mildred Mauk	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a)

Pulmonary Tuberculosis

About 4 yrs

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Dey) m.	(Year) m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 2, 1951, to Mar. 12, 1951, that I last saw the deceased

alive on Mar. 12, 1951, and that death occurred at 5:25 P.m., from the causes and on the date stated above.
SIGNATURE (Degree of title) ADDRESS DATE SIGNED

J. Ryan, M.D. State Sanatorium, Md. 3/14/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE Burial Man. 15, 1951	NAME OF CEMETERY OR CREMATORIAL Indian Mound Cemetery	LOCATION (City, town, or county) Romney, W.Va.	(State)
DATE REC'D BY LOCAL REG.	REGISTER'S SIGNATURE John J. Hafer	24. FUNERAL DIRECTOR John J. Hafer, 230 Balto., Ave.	ADDRESS	
3/12/51		Cumberland, Md.	541506	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02611

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick LENGTH OF STAY 13 Days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS Ballenger Creek Road	
3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) OSCAR	(Last) MICHAEL
4. DATE OF DEATH	(Month) 3	(Day) 13	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 23 Feb 1867
9. AGE last birthday 84 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chicken Farmer	11. KIND OF BUSINESS OR INDUSTRY Business	12. BIRTHPLACE (State or foreign country) Maryland COUNTRY USA
13. FATHER'S NAME William H. Michael	14. MOTHER'S MAIDEN NAME Jane E. Specht		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Walter M. Simpson, Emmitsburg, Md.	
18. MEDICAL CERTIFICATION			
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>420.1 Immediate cause (a) Coronary Thrombosis.</p> <p>93d Antecedent cause(s) (b) Chronic Myocarditis.</p> <p>Conditions or diseases, if any, giving rise to the above cause stating the underlying cause last (c)</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2/28/1951, to 3/13/1951, that I last saw the deceased alive on 3/12/1951, and that death occurred at 4:35 A.m., from the causes and on the date stated above.			
SIGNATURE	(Degree or title) ADDRESS		DATE SIGNED 13 March 1951
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 15 March 1951	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS 100105



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

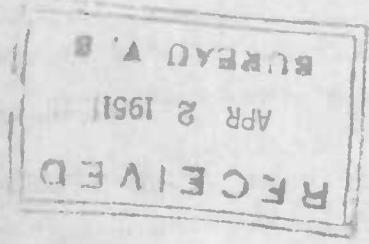
2411 N. Charles Street, Baltimore

02612

CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH COUNTY <u>FREDERICK</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Catoctin</u>		COUNTY <u>Fredrick</u>			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY give nearest town) TOWN <u>FREDERICK</u>		(in this place) <u>9 hours</u>									
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>FREDERICK MEMORIAL Hospital</u>											
3. NAME OF DECEASED (Type or Print)	(First) <u>Hazel</u>	(Middle) <u>Ether</u>	(Last) <u>Miller</u>	4. DATE OF DEATH	(Month) <u>Mar</u>	(Day) <u>28</u>	(Year) <u>1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 11, 1905</u>	9. AGE last birthday Months <u>45</u> Years <u>yrn.</u>	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	12. BIRTHPLACE (State or foreign country) <u>Maryland</u>	13. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>David O. Lewis</u>	14. MOTHER'S MAIDEN NAME <u>Clara Jones</u>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>See</u>		17. INFORMANT AND ADDRESS <u>Kathleen Levy Miller, Thurmont Md. Rd. P.O.</u>								
18. MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH											
Immediate cause <u>Acute Coronary Thrombosis</u>											
Antecedent cause(s) <u>Arteriosclerotic Heart Disease</u>											
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <u>93d</u>											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY?		
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			(CITY OR TOWN)	(COUNTY)	(STATE)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>			HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>March 27, 1951</u> , to <u>March 28, 1951</u> , that I last saw the deceased alive on <u>March 28, 1951</u> , and that death occurred at <u>6:55 A.M.</u> from the causes and on the date stated above.											
SIGNATURE <u>J. J. Pearce M.D.</u>		(Degree or title) <u>ADDRESS</u>						DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) <u>May 31, 1951</u>	DATE THEREOF <u>May 31, 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Blue Ridge Cem.</u>		LOCATION (City, town, or county) <u>Thurmont</u>		(State) <u>Md.</u>					
DATE REC'D BY LOCAL REG. <u>29 March 1951</u>	REG. <u>Elizabeth S. Heck.</u>	REG. <u>Elizabeth S. Heck.</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. L. Greger & Son, Thurmont, Md.</u>							



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02613

131

Reg. Dist. No....

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Maryland			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Frederick		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick-Rural RD#5			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#1		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital			STREET ADDRESS Pearl		
3. NAME OF DECEASED (Type or Print)		(First) EVA	(Middle) ELIZABETH	(Last) MISS	4. DATE OF DEATH 3 27 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify) Single	8. DATE OF BIRTH 29 Oct 1932	9. AGE last birthday 18 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Grayson M. Miss			14. MOTHER'S MAIDEN NAME Mary Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Grayson, M. Miss, RD#1, Frederick, Md.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>722.0 Immediate cause (a) <u>Broncho-pneumonia</u> 107 Antecedent cause(s) (b) <u>Chronic Rheumatoid Arthritis</u> Diseases or conditions, if any, giving rise to the above cause (c) <u>Decubitus ulcers</u> <u>stating the underlying cause last</u></p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Mar. 21</u> , 1951, to <u>Mar. 27</u> , 1951, that I last saw the deceased alive on <u>March 26</u> , 1951, and that death occurred at <u>2:30 A.m.</u> from the causes and on the date stated above. SIGNATURE <u>Bernard J. Hennas Jr. M.D.</u> ADDRESS DATE SIGNED <u>27 March 1951</u>					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 29 March 1951	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REG. <u>27 March 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth J. Heeb</u>	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

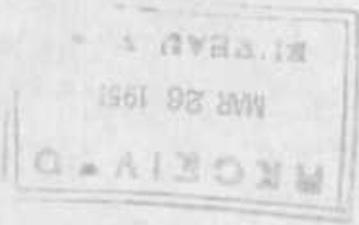
2411 N. Charles Street, Baltimore

02614

Reg. Dist. No. 131

CERTIFICATE OF DEATH

I. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Emmitsburg, Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Emergency Hosp.		STREET ADDRESS Emmitsburg, R.D. # 1	
3. NAME OF DECEASED (Type or Print)	(First) Leonard	(Middle) Leo	(Last) Mitchell
4. DATE OF DEATH March 19, 1951	(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE Black	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 5, 1900
9. AGE last birthday 50	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Mason tender	11. BIRTHPLACE (State or foreign country) Frederick Co. Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Robert A. Mitchell		
14. MOTHER'S MAIDEN NAME Annie Craig		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS Ruth Mitchell 2079-8 Ave apt 5	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause (a) <u>Syphilitic Cardio-vascular disease</u></p> <p>023 Antecedent cause(s) (b) <u>Arthritis</u></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>30d</u></p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Nov. 19</u> , 1950, to <u>March 19</u> , 1951, that I last saw the deceased alive on <u>March 19</u> , 1951, and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Bernard Jemiasz, M.D.</u>		ADDRESS <u>Frederick, Md.</u>	DATE SIGNED <u>March 20, 1951</u>
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF March 22, 1951	NAME OF CEMETERY OR CREMATORIAL Mt View Cemetery	LOCATION (City, town, or county) Emmitsburg, Maryland
DATE REC'D BY LOCAL REG. 22 March 1951	REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>	24. FUNERAL DIRECTOR <u>L. Allison</u>	ADDRESS Emmitsburg, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02615

CERTIFICATE OF DEATH

Reg. Dist. No. 138

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Ijamsville-Rural RD#1		LENGTH OF STAY (in this place) 50 Yrs.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Ijamsville		3. NAME OF DECEASED (Type or Print) Henry P. Mussetter	
4. SEX Male	5. COLOR OR RACE White	6. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	7. DATE OF BIRTH 30 Sept 1859
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Judge of the Orphan's Court		8. AGE last birthday 91 yrs.	
13. FATHER'S NAME John Mussetter		9. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		10. INDUSTRY 11. INFORMANT AND ADDRESS Mr. Hobson S. Mussetter, Ijamsville, MD-RD#1	
16. SOCIAL SECURITY NO. None		12. CITIZEN OF WHAT COUNTRY? USA	
17. INFORMANT AND ADDRESS Mr. Hobson S. Mussetter, Ijamsville, MD-RD#1			
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause 450.0 (a) Generalized Arterio Sclerosis Antecedent cause(s) 97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Generalized Arterio Sclerosis 10 years	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 2, 1951, to Mar 14, 1951, that I last saw the deceased alive on March 14, 1951, and that death occurred at 7 P.m., from the causes and on the date stated above. SIGNATURE Ernest P. Roop, M.D., New Market ADDRESS Maryland DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE 17 March 1951	
NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick Maryland	
DATE REC'D BY LOCAL REG. 17 March 1951		REGISTRATION'S SIGNATURE Lucian P. Falcone	
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland		ADDRESS 055936	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02616

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH CITY TOWN		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY TOWN		COUNTY Frederick		
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place) 8 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town)				
HOSPITAL OR INSTITUTION OR STREET ADDRESS		225 Lindbergh Avenue		STREET ADDRESS		(If rural, give location) 225 Lindbergh Avenue		
3. NAME OF DECEASED (Type or Print)	(First) WALTER	(Middle) IRVING	(Last) NEVIUS	4. DATE OF DEATH	Mar. 21	(Month) 19 51	(Day) 1951	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months 60 yrs.	If under 24 hrs. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
Mechanical Engineer	Construction Work	Pennsylvania	USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Jacob K. Nevius	Louisa A. Jenkins							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS						
	307-03-1872	225 Lindbergh Ave., Mrs. DeGrey R. Bishop- Frederick- Md.						
18. MEDICAL CERTIFICATION								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
420.0	Immediate cause	(a) Cerebral Haemorrhage	INTERVAL BETWEEN ONSET AND DEATH 1 week					
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	6 mo					
		(c) Myocardial Insufficiency						
		Diabetes Mellitus						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?						
None		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)			(COUNTY)		(STATE)
		INJURY						
TIME (Month) INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work	Not While At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct. 12, 1950, to March 25, 1951, that I last saw the deceased								
alive on March 25, 1951, and that death occurred at 2:50 P.m., from the causes and on the date stated above.								
SIGNATURE	(Degree or title)			ADDRESS				
DATE SIGNED 3/26/51								
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3-27-51	NAME OF CEMETERY OR CREMATORIUM Frederick Memorial Park			LOCATION (City, town, or county) W. of Frederick- Md.			
DATE REC'D BY LOCAL REG.	REG.	REG.			REG.			
26 March 1951	Elizabeth G. Heub.	REG.			REG.			
24. FUNERAL DIRECTOR C.E.Cline and Son- Frederick- Maryland								

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAR 29 1951

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02617

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH CITY OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY OR TOWN STREET ADDRESS	
Frederick Frederick Memorial Hospital		MARYLAND	Maryland Boyd's, Md.	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		LENGTH OF STAY 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
3. NAME OF DECEASED (Type or Print)		(First) Charles F. (Middle)	(Last) Odem	4. DATE OF DEATH May 27 1951
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify) Widower	8. DATE OF BIRTH 9/28/75-	9. AGE last birthday 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Gardener owner	11. BIRTHPLACE (State or foreign country) West Virginia	
13. FATHER'S NAME William Odem		14. MOTHER'S MAIDEN NAME Laura Terry		12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Thomas Cole, Boyd's, Md.	
18. MEDICAL CERTIFICATION				

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATHImmediate cause
331x

(a) Cerebral hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last
83a

(b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month) OF INJURY	(Day) m.	(Year) Hour While at Work	INJURY OCCURRED Not While At work	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3/19, 1951, to 3/27, 1951, that I last saw the deceased

alive on 3/27, 1951, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burke	DATE THEREOF 3/30/51	NAME OF CEMETERY OR CREMATORIAL Bolivar W. Va.	LOCATION (City, town, or county) Bolivar	(State) W. Va.
DATE REC'D BY LOCAL REG. 28 March 1951	REGISTRAR'S SIGNATURE Elizabeth S. Heels	FUNERAL DIRECTOR Wm. B. Hilton	ADDRESS Barrenville	



MARYLAND STATE DEPARTMENT OF HEALTH

02618

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE	
<i>Frederick</i>		MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	
<i>Thurmont</i>		<i>50 yrs</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		3. NAME OF DECEASED (Type or Print)	
		<i>(First)</i>	<i>(Middle)</i>
		<i>Mary</i>	<i>Catherine</i>
		<i>Niemeyer</i>	<i>Partner</i>
SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
<i>Female</i>		<i>white</i>	<i>Widowed</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<i>Housework</i>		<i>Own home</i>	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
<i>Albert Niemann</i>		<i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<i>No</i>			
18. MEDICAL CERTIFICATION		12. CITIZEN OF WHAT COUNTRY?	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		<i>U.S.A.</i>	
421.4 Immediate cause		(a) <i>Heart disease, Chronic valvular</i>	
92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) <i>None</i>	
		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>None</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
<i>None</i>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
<i>We</i>		<i>Injury</i>	
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)
<i>no</i>			
m.			
INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 15, 1950</i> , to <i>Nov. 13, 1951</i> , that I last saw the deceased alive on <i>Nov. 13, 1951</i> and that death occurred at <i>4 A.M.</i> m., from the causes and on the date stated above.			
SIGNATURE		(Degree or title) <i>J.W.</i> ADDRESS <i>Thurmont, Md.</i> DATE SIGNED <i>3/15/51</i>	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
<i>Burial</i>		<i>May 17, 1951</i>	
NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county)	
<i>Blue Ridge Cem.</i>		<i>Thurmont, Md.</i>	
(State)			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
<i>Mar. 15, 1951</i>		<i>Blanche S. Egler</i>	
24. FUNERAL DIRECTOR		ADDRESS	
<i>M. S. Peage & Son</i>		<i>Thurmont, Md.</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02619

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Walkersville</u>			
LENGTH OF STAY (In this place) <u>4</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Walkersville</u> STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>Lillie</u>	(First)	(Middle)	(Last) <u>Ramsburg</u>		
4. DATE OF DEATH <u>March 14</u>	(Month)	(Day)	(Year) <u>1951</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 24, 1887</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Elijah Thomas Stull</u>	14. MOTHER'S MAIDEN NAME <u>Eunice Leaga</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Mr. Allen B. Ramsburg</u>	18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause <u>Inanition</u>	Antecedent cause(s) <u>Adenocarcinoma of the Stomach</u>				
151X 46b	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Interval Between Onset and Death <u>1 year</u>			
(a) <u>151X</u>					
(b) <u>46b</u>					
(c) <u>Adenocarcinoma of the Stomach</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m.	HOW DID INJURY OCCUR? Not While At work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>30 June</u> , 19 <u>49</u> , to <u>14 Mar</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>14 Mar</u> , 19 <u>51</u> , and that death occurred at <u>11:40 A.m.</u> , from the causes and on the date stated above.					
SIGNATURE <u>Lillie J. W.</u>	(Degree or title) <u>ADDRESS</u> <u>Walkersville Md.</u>	DATE SIGNED <u>15 Mar 51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>March 17, 1951</u>	NAME OF CEMETERY OR CREMATORIUM <u>Glade</u>	LOCATION (City, town, or county) <u>Walkersville</u>	(State)	
DATE REC'D BY LOCAL REG. <u>14 March 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Heub.</u>	24. FUNERAL DIRECTOR <u>G.C. Barton, Walkersville, Md.</u>	ADDRESS		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02620

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rocky Ridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocky Ridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (In this place) lifetime	
3. NAME OF DECEASED (Type or Print) Miss Beryl K. Renner		(Last)	
4. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	4. DATE OF DEATH Mar. 13 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	8. DATE OF BIRTH Dec. 13, 1902
11. BIRTHPLACE (State or foreign country) Md		9. AGE last birthday 48 yrs.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Wm. I. Renner		14. MOTHER'S MAIDEN NAME Minnie E Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Mrs. Minnie E. Long		18. MEDICAL CERTIFICATION Myocardial Degeneration — several years	
INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Myocardial Degeneration — several years			
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 87e			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral birth injury (spastic paraparesis) since birth.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) injury	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1930 , to March 13, 1951 , that I last saw the deceased alive on March 12, 1951 , and that death occurred at 3 A m., from the causes and on the date stated above.			
SIGNATURE W.R. Cade		ADDRESS 34 E. Pennsylvania St.	
DATE SIGNED 2-13-51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 3/15/51	
NAME OF CEMETERY OR CREMATORIAL Mt. Tabor		LOCATION (City, town, or county) Rocky Ridge	
(State) Md.			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE M. F. Shaffer	
24. FUNERAL DIRECTOR C.O. FUSS & SON		ADDRESS Taneytown, Md.	



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02621

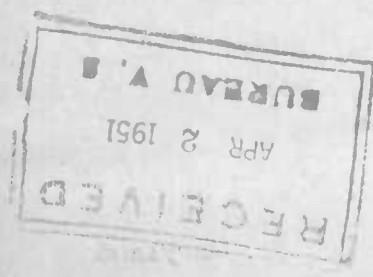
CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS 229 Washington Street		(If rural, give location)			
3. NAME OF DECEASED (Type or Print)	(First) ANNIE	(Middle) W.	(Last) RHODERICK	4. DATE OF DEATH March 28	(Month) 1951	(Day) 28	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 7-8-1876	9. AGE last birthday 74 yrs.	If under Months. 1 year Days Hours	If under 24 hrs. Hours	1 year Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Daniel L. Koogle		14. MOTHER'S MAIDEN NAME Ida Welker					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Nellie E. Zimmerman, Frederick, Md.				

18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause 331X		(a) Cerebral Hemorrhage					
Antecedent cause(s) 93d		(b) Arteriosclerosis					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d		(c) Hypertension					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis Heart Disease					
19a. RATE OF OPERATION home		19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE		(Specify) (b) INJURY		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) of INJURY		m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 1, 1951, to March 28, 1951, that I last saw the deceased alive on March 28, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED 3/29/51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE March 31, 1951		NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Elvira L. Heck		24. FUNERAL DIRECTOR		ADDRESS C. E. Cline & Son, Frederick, Maryland	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02622

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH - Emergency Hospital COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Frederick rural 4 days			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital			STREET ADDRESS 316 N. Bentz Street (If rural, give location)		
3. NAME OF DECEASED (Type or Print) ROBERT		(First) (Middle) M. RIDEOUT (Last)	4. DATE OF DEATH MAR. 19, 1951		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 27, 1897	9. AGE last birthday 53 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Concrete Finisher	11. BIRTHPLACE (State or foreign country) Fred. Co. Md.	
13. FATHER'S NAME Richard Edward Rideout			14. MOTHER'S MAIDEN NAME Mary Mulberry		
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. Sept. 42-43 217-10-0916	17. INFORMANT AND ADDRESS 316 N. Bentz St. Mrs. Mary Naylor, Frederick, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) Chronic Nephritis

2 years

592X Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19h. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 16, 1951, to March 19, 1951, that I last saw the deceased

alive on March 19, 1951, and that death occurred at 11 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bernard O. Haines, M.D.

Frederick, Md.

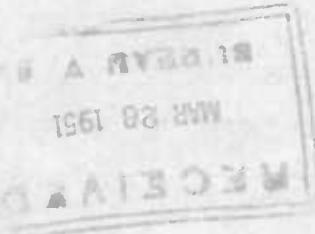
March 20, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
Burial	Mar. 22, 1951	Silver Hill Cemetery	Mt. Pleasant, Md.
DATE REC'D BY LOCAL REG.	REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

22 March 1951 Elizabeth G. Heck

M. R. Etchison & Son, Frederick, Md.

511246



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02623

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Rural, Mr. Woodsboro</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, Mr. Woodsboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place) <u>2 yrs</u>	

3. NAME OF DECEASED (Type or Print)		(First) <u>Maude</u> (Middle) <u>Cordella</u> (Last) <u>Rippeon</u>		4. DATE OF DEATH <u>Mar. 14 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 12 1891</u>	9. AGE last birthday yrs. <u>70</u>	If under 1 year Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		
13. FATHER'S NAME <u>Claygett Dosey</u>			14. MOTHER'S MAIDEN NAME <u>Laura Harne</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Mr. Taylor Rippeon</u>	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					

152.0 Immediate cause <u>Chronic myocardial failure</u>	Interval Between Onset and Death <u>2 yrs</u>
63 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Hypertonic Cardiovascular Disease</u>	<u>20 years</u>

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
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21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from <u>30 Aug. 1949</u> , to <u>14 Mar. 1951</u> , that I last saw the deceased alive on <u>14 Mar. 1951</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.					
SIGNATURE <u>E. Smoller Jr. M.D.</u>	(Degree or title) <u>—</u>	ADDRESS <u>Walkersville Md</u>	DATE SIGNED <u>15 Mar. 1951</u>		

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>March 13 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Mt. Hope</u>	LOCATION (City, town, or county) <u>Woodsboro</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>3/14/51</u>	REGISTRAR'S SIGNATURE <u>L. E. Powell</u>	24. FUNERAL DIRECTOR <u>J. C. Baxton, Walkersville</u>	ADDRESS <u>—</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02624

CERTIFICATE OF DEATH

Reg. Dist. No... / 38

1. PLACE OF DEATH COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md</i> COUNTY <i>Frederick</i>			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Jaymills</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Jaymills</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <i>(If rural give location)</i>			
3. NAME OF DECEASED (Type or Print)	(First) <i>Francis</i>	(Middle) <i>J.</i>	(Last) <i>Rumples</i>		
4. SEX <i>Male</i>	5. COLOR OR RACE <i>white</i>	6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	7. DATE OF BIRTH <i>2-36-1871</i>		
8. AGE last birthday yrs. <i>80</i>	9. If under 1 year Months <i>1</i>	10. If under 24 hrs. Days <i>23</i>	11. Hours <i>13</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dealer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Junk</i>	11. BIRTHPLACE (State or foreign country) <i>New Market Md</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>		
13. FATHER'S NAME <i>Basia Rumples</i>	14. MOTHER'S MAIDEN NAME <i>Unknown</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>			
16. SOCIAL SECURITY NO. <i>L</i>		17. INFORMANT <i>Mrs Loretta Board</i>	18. MEDICAL CERTIFICATION		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause <i>4214</i>	(a) <i>Broken cardiac compensation</i> 6 mo.				
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>45a</i>	(b) <i>Chronic valvular heart disease</i> 10 yrs				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Epi theleoma of lower lip</i> 2 yrs.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) <i>(CITY OR TOWN)</i>	(COUNTY) <i>(COUNTY)</i>	(STATE) <i>(STATE)</i>
TIME (Month) <i>Feb</i> (Day) <i>20</i> (Year) <i>1950</i>	(Hour) <i>9</i>	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY	m.				
22. I hereby certify that I attended the deceased from <i>Feb 20, 1950</i> , to <i>March 29, 1951</i> , that I last saw the deceased alive on <i>Feb 21, 1951</i> , and that death occurred at <i>9:00</i> m., from the causes and on the date stated above.					
SIGNATURE <i>Ernest P. Rupp, M.D.</i>	(Degree or title) <i>New Market</i>	ADDRESS <i>New Market</i>	DATE SIGNED <i>Maryland</i>		
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Apr 31-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>New Market Cem</i>	LOCATION (City, town, or county) <i>New Market</i>	(State) <i>Md</i>	
DATE REC'D BY LOCAL REG. <i>Mar. 30, 1951</i>	REG. <i>L.R. Falcone</i>	24. FUNERAL DIRECTOR <i>W.E. Falcone</i> ADDRESS <i>New Market Md</i>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1951

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02625

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Town Frederick		LENGTH OF STAY (in this place) 2 Days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick, Maryland Route #3	
3. NAME OF DECEASED (First) Erma		4. DATE OF DEATH March 25 1951	
(Middle) Harper		(Month) March	
(Last) Schultz		(Day) 25	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 10, 1930
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paired Stockings		9. AGE last birthday 21 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY Union Mfg. Co.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Paul E. Harper		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-26-1290	
17. INFORMANT AND ADDRESS Mr. Kenneth L. Schultz, Frederick, Md. Rd#3			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>415x Immediate cause (a) Acute myocardial failure 4 days</p> <p>93c Antecedent cause(s) (b) Rheumatic cardiovascular disease 15 years</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Pulmonary mottling 3 years</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? DATE SIGNED
22. I hereby certify that I attended the deceased from 1 May 1949 , to 25 March 1951 , that I last saw the deceased alive on 25 March 1951 , and that death occurred at 8:45 P.m. , from the causes and on the date stated above.			
SIGNATURE James E. Jones Jr.		ADDRESS Walhernille, Maryland	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF March 28, 1951	
DATE REC'D BY LOCAL REG. 27 March 1951		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Mount Olivet Cemetery Frederick, Maryland	
REG. Elizabell H. Heck		24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02626

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH COUNTY Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Rural		4 days	TOWN Rural		Emmitsburg, Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thurmont R.D. # 1			STREET ADDRESS (If rural, give location) Thurmont R.D. # 2			
3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Genevieve	(Last) Shorb	4. DATE OF DEATH March 9, 1951	(Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 3, 1864	9. AGE last birthday 86	If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Frederick County, Md.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Lewis Butt			14. MOTHER'S MAIDEN NAME Mary Rosensteel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none			
17. INFORMANT AND ADDRESS Thurmont R.D. # 2			Francisca Shorb			
18. MEDICAL CERTIFICATION						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
422.1	Immediate cause (a)	Chronic myocarditis				
93d	Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Arteriosclerosis				
	(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY)	(STATE)
TIME (Montb) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not White At work	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 8, 1951, to March 9, 1951, that I last saw the deceased alive on March 8, 1951, and that death occurred at 3:30 P.M., from the causes and on the date stated above.						
SIGNATURE <i>M. Franklin Bish Jr.</i>		(Degree or title) ADDRESS	DATE SIGNED 3/9/51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF March 12, 1951	NAME OF CEMETERY OR CREMATORIAL St. Anthony's Shrine	LOCATION (City, town, or county) Emmitsburg R.D. Md. (State)			
DATE REC'D BY LOCAL REG. March 10, 1951	REGISTRAR'S SIGNATURE <i>M. F. Shaff</i>	24. FUNERAL DIRECTOR, ADDRESS L. Allison	Emmitsburg, Md.			



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02627

131

Reg. Dist. No.....

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md CITY (If outside corporate limits, write RURAL and give nearest town) Edgeway		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital			STREET ADDRESS 866 Maryland Ave		
3. NAME OF DECEASED (Type or Print)	(First) Carlton	(Middle) Dorsey	(Last) Shores	4. DATE OF DEATH March 18 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct 1, 1905	9. AGE last birthday 45 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector			10b. KIND OF BUSINESS OR INDUSTRY Md.S.Roads Comm	11. BIRTHPLACE (State or foreign country) Keyser, W.Va	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Dorsey Brown Shore			14. MOTHER'S MAIDEN NAME Annie Marie Luke		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. ?	17. INFORMANT AND ADDRESS Mrs Carlton D. Shore, Cumberland, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral hemorrhage			9 hrs.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 83a			
(c)			

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) Office Ed. Med. Hosp.	(CITY OR TOWN) Fred. Md.
TIME (Month) (Day) (Year) (Hour) March 16 '51 3:00 p.m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>	(COUNTY) Fred.
		HOW DID INJURY OCCUR? at work <input type="checkbox"/>	(STATE) Md.

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined .

SIGNATURE **DR. R. W. BAER**

(Degree or title) ADDRESS

DATE SIGNED

DEPUTY MEDICAL EXAMINER **DR. R. W. BAER**

16 March 1951

23. BURIAL, Cremation (Specify) Burial	DATE THEREOF March 19, 1951	NAMES OF FUNERAL DIRECTOR OR CEMETERY Rose Hill Cemetery	LOCATION (City, town, or county) Cumberland, Md.	(State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 16 March 1951	REGISTRAR'S SIGNATURE Elizabeth G. Tech.	24. FUNERAL DIRECTOR John J. Hauer, Cumberland, Md.	ADDRESS
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02628

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick		
Frederick MARYLAND			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick		
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick			LENGTH OF STAY (in this place) 40 yrs.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS 442 West South Street (If rural, give location)		
Frederick Memorial Hospital					
3. NAME OF DECEASED (Type or Print)		(First) ELMER (Middle) CLAYTON (Last) SMITH		4. DATE OF DEATH 3 17 1951	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	
8. DATE OF BIRTH 8-19-1894		9. AGE last birthday 56 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY Day Labor		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lawson Smith		14. MOTHER'S MAIDEN NAME Annie Rice			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 219-20-3145		17. INFORMANT AND ADDRESS 442 W. South St. Mrs. Abbie E. Smith Frederick-Maryland	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) *Cerebro-vascular accident*

8 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) *Hypertension - cardiovascular disease*

5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work		HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3 - 9, 1951, to 3 - 17, 1951, that I last saw the deceased

alive on 3 - 17, 1951, and that death occurred at 11:38 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 3-21-51	NAME OF CEMETERY OR CREMATORIAL Arlington National Cem.	LOCATION (City, town, or county) Arlington - Virginia	(State)
DATE REC'D BY LOCAL REG. 19 March 1951		REGISTRAR'S SIGNATURE Elizabeth Heck	24. FUNERAL DIRECTOR C.E.Cline and Son- Frederick- Maryland		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02629

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Town Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Parkway</u> STREET <u>Rural near Frederick</u> ADDRESS <u>Montevue Home</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Montevue Home</u>			
3. NAME OF DECEASED (Type or Print) <u>Laura</u>	(First) <u>Laura</u>	(Middle) <u>Colard</u>	(Last) <u>Quirell</u>
4. DATE OF DEATH <u>March 24</u>	(Month) <u>March</u>	(Day) <u>24</u>	(Year) <u>1951</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, - WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 16, 1884</u>
9. AGE last birthday If under 1 year Months. <u>84</u> yrs.	If under 24 hrs. Days. <u>0</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Servant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>Richmond, Va.</u>		12. CITIZEN OF WHAT COUNTRY <u>A.S.A.</u>	
13. FATHER'S NAME <u>Not known</u>		14. MOTHER'S MAIDEN NAME <u>not known</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>123-45-6789</u>	
17. INFORMANT AND ADDRESS <u>Mr. Blanche M. Morris Frederick Md.</u>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1

(a)

Arterio-sclerotic Cardio-vascularAntecedent cause(s) 93ddiseaseDiseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1946, to March 24, 1951, that I last saw the deceasedalive on March 24, 1951, and that death occurred at 5 P.M. from the causes and on the date stated above.SIGNATURE Bernard L. Hemans Jr. M.D.

(Degree or title)

ADDRESS Frederick Md.DATE SIGNED March 26, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>March 27, 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Silverwood Cemetery</u>	LOCATION (City, town, or county) <u>Westminster, Md.</u>	(State)
DATE REC'D BY LOCAL REG.	REG.	REGISTRAR'S SIGNATURE <u>Elizabeth B. Heber</u>	24. FUNERAL DIRECTOR <u>J. E. Mayers, Jr. Westminster, Md.</u>	ADDRESS <u>1 Willits St.</u>



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02630

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Capitol Heights	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium		STREET ADDRESS 6101 Kingston Rd.	
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle)	(Last) Steele
4. DATE OF DEATH	(Month) March	(Day) 25,	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Aug. 10, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 49 yrs. <input type="checkbox"/> If under 1 year <input type="checkbox"/> If under 24 hrs. <input type="checkbox"/> Months. <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min.
13. FATHER'S NAME Wilmer N. Steele		11. BIRTHPLACE (State or foreign country) Washington, D.C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. 579-14-7143		14. MOTHER'S MAIDEN NAME Annie E. Eagan	
17. INFORMANT Patient		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 002x	(a)	Pulmonary Tuberculosis	About 3 yrs.	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) 13b	(b)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)			

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED White at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Nov. 15, 1948**, to **Mar. 25, 1951**, that I last saw the deceased alive on **Mar. 25, 1951**, and that death occurred at **12:05 A.M.**, from the causes and on the date stated above.

SIGNATURE *J. D. Lyon, M.D.*

(Degree or title)

ADDRESS

DATE SIGNED **3/27/51**

State Sanatorium, Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 3-28-51	NAME OF CEMETERY OR CREMATORIAL Addison Chapel	LOCATION (City, town, or county) Seat Pleasant, Md.	(State) DC
DATE REC'D BY LOCAL REG. 3/26/51	REGISTRAR'S SIGNATURE <i>J. D. Lyon</i>	24. FUNERAL DIRECTOR		
		ADDRESS J. Wm. Lee & Son - Washington		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

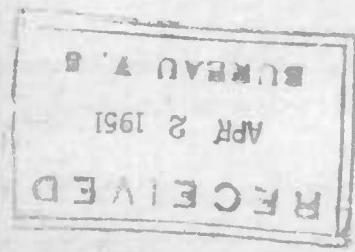
02631

Reg. Dist. No.

134

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Frederick, Emmitsburg, MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE St. Joseph's Central House, COUNTY Frederick		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Emmitsburg (in this place) TOWN Her Com. Life			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, Maryland		
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Joseph's Central House (About 53 years)			STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Elizabeth Estelle Taney		(First) (Middle) (Last)		4. DATE OF DEATH 3 25 19 51	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sister of Charity	8. DATE OF BIRTH 5/1/71	9. AGE last birthday 79 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursing the sick all her		10b. KIND OF BUSINESS OR INDUSTRY Community Life	11. BIRTHPLACE (State or foreign country) Emmitsburg, Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Edward Taney		14. MOTHER'S MAIDEN NAME Clara McBride			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT AND ADDRESS Sister Rosa, Assistant		18. MEDICAL CERTIFICATION
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>Immediate cause (a) Cerebral hemorrhage 3 hrs</p> <p>Antecedent cause(s) (b) Hypertension cardio vas. Decease several years</p> <p>Diseases or conditions, if any, giving rise to the above cause 61 stating the underlying cause last</p> <p>(c) Deobliter stenosis several years</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
OF INJURY m.					
22. I hereby certify that I attended the deceased from Jan 48, to March 25, 1951, that I last saw the deceased alive on March 25, 1951, and that death occurred at 745 P.m., from the causes and on the date stated above.					
SIGNATURE M.D. ADDRESS DATE SIGNED 3-26-51					
23. BURIAL, CREMATION REMOVAL. (Specify)		DATE THEREOF 3/27/51	NAME OF CEMETERY OR CREMATORIUM St. Joseph's (Private)	LOCATION (City, town, or county) (State) Emmitsburg, Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Mr. Fishburn		24. FUNERAL DIRECTOR ADDRESS	
March 26=1951				Sid Allison Emmitsburg Md. 058 896	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02632

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Frederick</i>		MARYLAND <i>Virginia</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	
<i>Frederick</i>		<i>5 days</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<i>Frederick Memorial Hospital</i>	
3. NAME OF DECEASED (Type or Print)		(First) <i>Theodore</i>	(Middle) <i>W</i>
4. DATE OF DEATH		(Last) <i>Warner</i>	(Month) <i>Mar.</i> (Day) <i>23</i> (Year) <i>1951</i>
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>
<i>Male</i>		<i>white</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	
<i>Farmer</i>			
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
<i>Isaac Warner</i>		12. CITIZEN OF WHAT Country <i>A.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
17. INFORMANT AND ADDRESS <i>Rev. William C. Warner, Belair, Md.</i>			
18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x

Immediate cause

(a) *Cerebral Hemorrhage*INTERVAL BETWEEN
ONSET AND DEATH*93d*

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last(b) *Arteriosclerosis*

2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arteriosclerotic Heart Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE(Specify) *No*PLACE (Home, farm, factory, street,
OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

INJURY

TIME (Month) (Day) (Year) (Hour)

OF INJURY *hr* *hr* *1951*INJURY OCCURRED
While at Work Not While At work

HOW DID INJURY OCCUR?

m.

m.

At work



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02633

CERTIFICATE OF DEATH

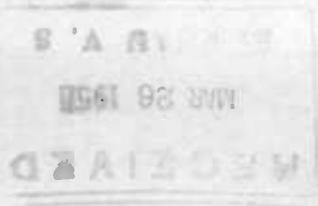
Reg. Dist. No.

131

The correct age
age

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH-COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY	
Frederick MARYLAND		Maryland Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN	1 Day	TOWN	Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)		
Frederick Memorial Hospital 148 West South Street			
3. NAME OF DECEASED (First) Charles	(Middle) Edward	(Last) Wisner	4. DATE OF DEATH March 21 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 23, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 71 yrs. If under 1 year Months Days Hours Min.
		Farming	
13. FATHER'S NAME Christian Wisner		11. BIRTHPLACE (State or foreign country) Frederick County, Maryland	
		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. No	17. INFORMANT AND ADDRESS 148 West South St, Mrs Charles E. Wisner, Frederick, Maryland
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause 422.1		(a) acute myocardial failure	
Antecedent cause(s) 93d		(b) Arteriosclerotic Cardiovascular Disease	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov. 22, 1950., to Mar. 21, 1951., that I last saw the deceased alive on Mar. 21, 1951., and that death occurred at 12:55 P.m., from the causes and on the date stated above.			
SIGNATURE (Degree or title)		ADDRESS DATE SIGNED	
23. BURIAL, CREMATION OR REMOVAL (Specify) BURIAL		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 23 March 1951		REGISTRAR'S SIGNATURE	
24. FUNERAL DIRECTOR		ADDRESS	
Elizabeth G. Heck. M.R. Etchison & Son, Frederick, Maryland			



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

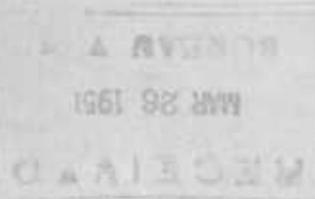
02634

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH CITY TOWN		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY TOWN		COUNTY Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Length of Stay (in this place)		STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH		(Month) (Day) (Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days		If under 24 hrs Hours Min.
male	white	single	9/23/45	5 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OR WHAT COUNTRY	
at home				Md		U.S.A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Mr. Alfred Wiener		Eliz. Well					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		INTERVAL BETWEEN ONSET AND DEATH	
no		no		Mother Well		3 hrs.	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause 812.5		(a) Internal injuries, hemorhage					
Antecedent cause(s) 170c		(b) Shingles					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH. INJURY		PLACE (Home, farm, factory, street, of office, bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year)		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>		HOW DID INJURY OCCUR?		Near Thurmont address, Md	
OF INJURY 3/20/51, 6:35 p.m.		<input type="checkbox"/> at work <input checked="" type="checkbox"/> by auto.		Homicide		Frederick Stree	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE R.W. Boe		(Degree or title) Physician Med. Ex. Frederick Md.		ADDRESS		DATE SIGNED 3.20.51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Mar 23-51		NAME OF CEMETERY OR CREMATORIAL B.C. Cemetery		LOCATION (City, town, or county) Thurmont	
DATE REC'D BY LOCAL REG. 23 March 1951		REGISTRAR'S SIGNATURE Elizabeth B. Hecks		24. FUNERAL DIRECTOR N.L. Keagan Son		ADDRESS Thurmont	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02635

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Braddock Heights		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Braddock Heights	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) IDA	(Middle)	(Last) ZIMMERMAN
4. DATE OF DEATH	(Month) March	(Day) 11	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
Female	White		Oct. 30, 1861
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	New York	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
James Cockefair	Mary W. Waite		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
	None	Mr. Charles F. Zimmerman, Braddock Hgts., Md	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause 4720.1	(a) <i>Boronase Thrombo sis</i>		
Antecedent cause(s) 94a	(b) <i>Arteria sclerosei</i>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY	m.		
22. I hereby certify that I attended the deceased from <u>3/11</u> , 1951, to <u>3/11</u> , 1951, that I last saw the deceased alive on <u>3/11</u> , 1951, and that death occurred at <u>12:20</u> P.m., from the causes and on the date stated above. SIGNATURE <u>H. Fischer</u> ADDRESS <u>Hederich Rd</u> DATE SIGNED <u>Heberich Rd</u>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Mar. 13, 1951	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland
DATE REC'D BY LOCAL REG. 13 March 1951	REGISTRAR'S SIGNATURE Elizabeth L. Heck	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	ADDRESS

